

EXHIBIT 2



OFFICE OF THE MEDICAL EXAMINER
CENTER FOR FORENSIC MEDICINE
850 R.S. GASS BLVD.
NASHVILLE TN 37216-2640

This is a true and accurate copy of records retained
by the Office of the Medical Examiner. *7/24/19 EH*

**Medical Records and other agency documents
that were not generated by this office cannot be
attested to for completeness or accuracy.**

*(30 pages not generated by this office)
7/24/19
EH*



OFFICE OF THE MEDICAL EXAMINER
CENTER FOR FORENSIC MEDICINE
POSTMORTEM EXAMINATION WORKSHEET - External

MEC: 19-1293

Date/Time: 5/17/2019

Name: JOHNSON, DONNIE

Pathologist: Carney

1/15/51

Age: 68 Race: W Gender: M

Technician: Hayes

Length: 72 Weight: 287 Appearance:

Rigor: partial Livor: posterior, blanching Algor: Other P/M Changes:

Hair: white mixed w/ brown

Facial hair: short hair in mustache & beard distribution

Eyes: blue

Oral/teeth: edentulous, maxillary & mandibular dentures

Torso: anterior:

posterior:

Extremities: upper: 5/5

lower: 5/5

Genitalia: ♂, uncirc, both testes ↓

Clothing:

off-white/cream colored shirt & pants
white socks
white shirt
white undershorts

Therapy:

IV L AC Fossa
IV R AC Fossa
- w/ attached NaCl 0.9% bags

Notes:

corneas hazy
mid-scleral drying
conjunctivae, no petechiae (none in oral cavity)

finger nails long, clean, intact
abd flat
sl. congested head, upper chest

MEC#19-1293
JOHNSON, DONNIE
05/16/2019

POSTMORTEM EXAMINATION WORKSHEET - Internal

Body cavities:

Brain: 1450 gm.

Heart: 530 gm. red-brown, soft

Coronaries: 30-60% calc prox LAD, 75% calc prox Lx br. (in fl), Small sup, Calc RCA-no sig athero

Myocardium: RV 0.3, LV 1.4, IS 1.5 cm

Valves: calc SA ridge, non coronary cusp AV

Lungs: right: 830 gm. pink-red, congested, edematous

left: 800 gm. frothy fluid - carina, bronchi, bronchioles

Upper respiratory tract:

Gastrointestinal tract:

Stomach contents: 430 mL tan watery fluid

Liver: 1810 gm.

Spleen: 310 gm.

Kidneys: right: 250 gm.

left: 300 gm.

Endocrine system:

Lobe thyroid larger than R, mottled yellow-red/purple

Notes:

WM cystic lesions 0.7 x 1 cm R frontal (ant horn L ventricle)

0.4 x 0.3 cm R frontal

0.4 x 0.3 cm L frontoparietal

0.1 x 0.5 cm L parietal

Appendix: YES NO

Pancreas: n

Gallbladder: n

Thymus gland: _____ gm. ☐ Atrophic

Internal genitalia:

sl. nodular prostate

testes sl. congested (R > L)

Musculoskeletal system:

L1 at 6-7 old rib fx

Specimens:

Toxicology: Order Hold

Blood:

Central: 4+ ml.

Peripheral: 4+ ml.

Bile: + ml. yellow-brown

Urine: 180 ml. clear yellow

Vitreous: 10 ml.

Other:

Urine drug screen: YES / NO

Results:

Histology: YES / NO

of blocks: 3

Fluoroscopy: YES / NO

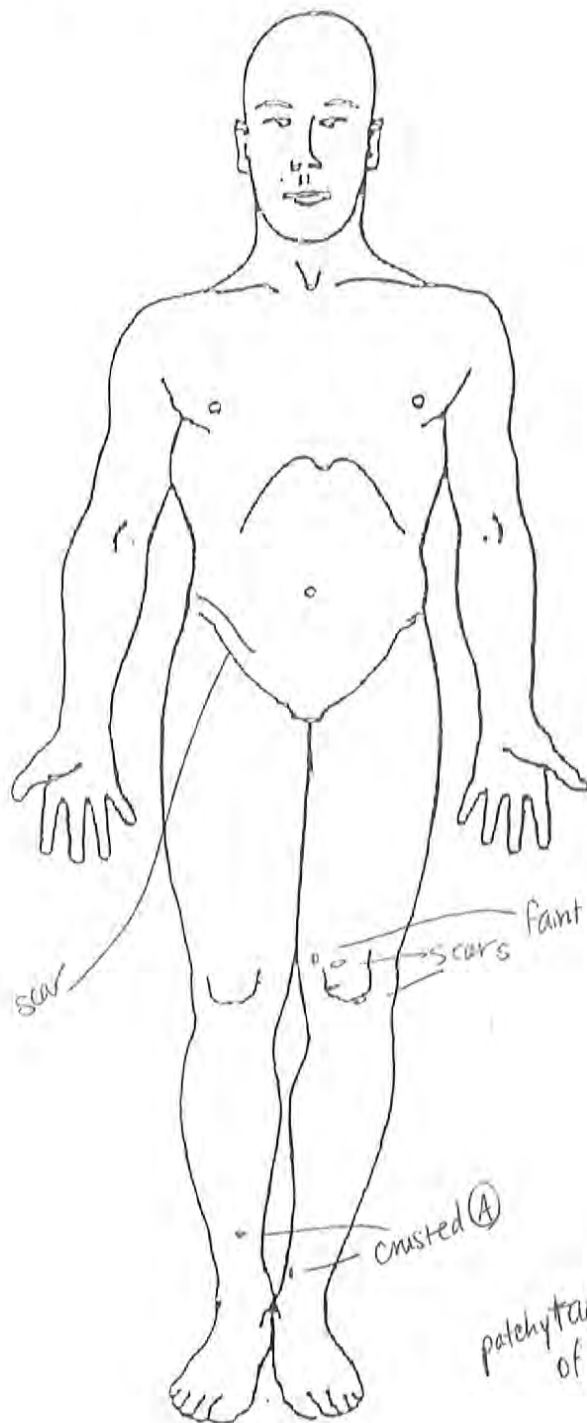
Organs saved:

Other specimens:

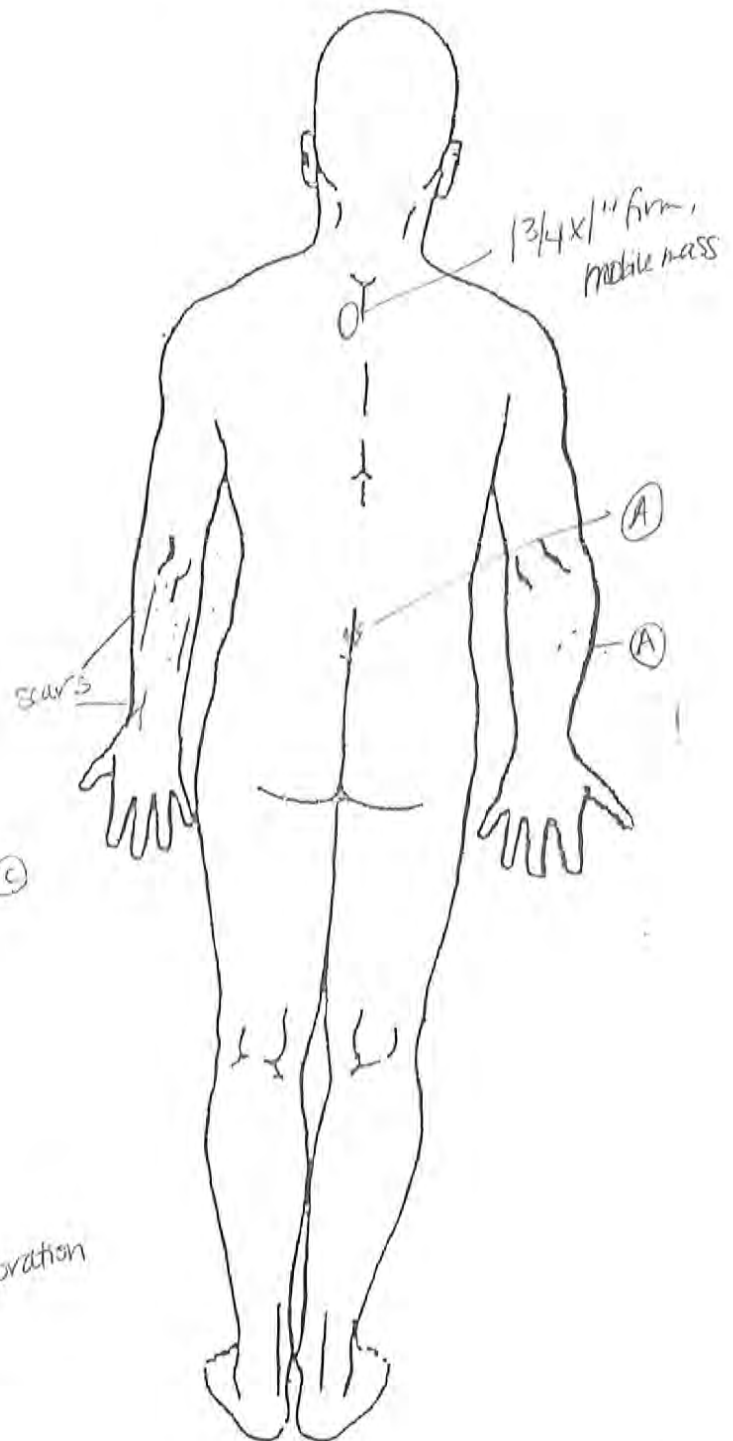


Name: _____

MEC#: _____



patchy tan discoloration
of legs



**MEC#19-1293
JOHNSON, DONNIE
05/16/2019**

Preliminary Investigation Summary

State Case Number: 19-19-2719

Completed Date: 06/20/2019

State Case Number: 19-19-2719
Case Number: MEC19-1293
Service County: Davidson
County Medical Examiner: Feng Li M.D., J.D., Ph.D.
Decedent Name: Donnie Edward Johnson
Date of Birth: 01/15/1951
Date of Death: 05/16/2019 7:37 PM
Location of Death: Riverbend Maximum Security Institution, Nashville, TN
Date of Injury: 05/16/2019
Location of Injury: 7475 Cockrill Bend Blvd, Nashville, TN
Age: 68 Years
Race: White
Sex: Male
Address: Riverbend Maximum Security Institution
7475 Cockrill Bend Blvd
Nashville, TN 37209
United States
Place of Death:
Type of Death: In Jail/Prison/In Police Custody
Investigating Agency: TN Department of Corrections
Funeral Home: Tennessee Cremation Care

Case Summary:

The decedent was reported to be a 68-year-old, Caucasian male who was an inmate with the Tennessee Department of Correction (TDOC) housed at the Riverbend Maximum Security Institution. On 05/16/2019, his execution was carried out by means of lethal injection as ordered by the State of Tennessee. His death was pronounced by a physician at 1937 hours. Due to the fact that the decedent was incarcerated at the time of his death and based on the unnatural circumstances, Medical Examiner jurisdiction was accepted. Director of Investigations Candice Sexton and Investigator Kelli Derleth responded to the scene. A brief body examination was conducted and was documented through photography. The decedent was then transported via Middle Tennessee Removal Service to the Center for Forensic Medicine for further examination and death certification purposes.

Investigator Kelli Derleth

05/16/2019 2141 hours

Scene Description:

Preliminary Investigation Summary

State Case Number: 19-19-2719

Completed Date: 06/20/2019

Time of 911 call: N/A

Time of notification: N/A

Time of arrival to meeting place: 1540 hours

Time of arrival to prison: 1700 hours

Time of departure: 1954 hours

Antemortem Events:

The decedent was TDOC inmate number TN109031. He was convicted of the first-degree murder for the 1984 killing of his wife, Connie Johnson. Connie's body was found in a van parked outside of a Memphis mall two weeks before Christmas. The cause of death was suffocation (a 30-gallon garbage bag had been shoved down her throat). He was incarcerated at the Riverbend Maximum Security Institution in Nashville until his execution was carried out by lethal injection on 05/16/2019. At 1918 hours the decedent said his last words, which was a prayer that included, "I pray that my life has meant something. I commend my life into your hands, thy will be done, in Jesus name I pray, amen." At 1921 hours, the intravenous administration of the combination of lethal injection drugs, which included midazolam, vecuronium bromide and potassium chloride, was initiated. The decedent began to sing at 1921 hours as well. The decedent sang two spiritual songs, "They will know we are Christians by our love," and "soon and very soon we are going to see the king." The singing stopped at 1922 hours and at 1924 hours the decedent began to snore. Snoring respirations ended at 1925 hours, at which time the Warden, Tony Mays, called out the decedent's name twice with no response. All of the medications had been administered by 1930 hours. Death was pronounced at 1937 hours.

Thermostat setting: N/A

Outside temperature: N/A

Inclement weather: N/A

Rectal temperature: N/A

Consistent with the ambient temperature: N/A

Source: N/A

Describe: N/A

Obtained at: N/A

Scene description:

On 05/16/2019 at 1540 hours, Director of Investigations Candice Sexton, Middle Tennessee Removal Service (MTRS) personnel, and this investigator responded to the designated rendezvous point located at the Tennessee State Prison off Bomar Boulevard. At 1700 hours, we were escorted to the Riverbend Maximum Security Institution located at 7475 Cockrill Bend Blvd. This investigator was permitted to photograph the syringes containing the medications that would be utilized prior to the start of the execution. At 1938 hours, we were escorted into the execution chamber, which consisted of a small room with tiled floor and multiple viewing windows. The viewing windows were shielded by white curtains. The decedent was lying on a gurney near the back of the room. Intravenous (IV) lines extended from his arms through a rectangular hole in the back wall, which led to a small room where the medications were administered. No illicit drugs, alcoholic beverages, suicide notes, or weapons were observed at the scene.

Personal Property: No

Control Number: N/A

Body description:

The decedent was viewed lying in supine position on the gurney. He was restrained with multiple black straps that were attached to the gurney. A set of straps extended from the shoulders, across the chest, and down the flanks. A strap extended horizontally across the chest. Straps were also secured horizontally across his waist, thighs, and shins. Leather restraints were secured around both wrists and both ankles. His hands were secured to the gurney with tan medical tape. He was clad in an off-white institute-issued shirt, matching pants with the words "TN Dept of Correction" printed down the sides, white boxer shorts, and white socks. An intravenous catheter was in the right antecubital fossa and was secured in place with medical tape. Another intravenous catheter was in the left antecubital fossa, and was also secured in place with medical tape. Once the wrist and ankle restraints were removed, faint indentations from the straps were noted on the skin. Two vertical scars were noted to the medial side of the posterior left forearm. Fingernails on both hands were long but free of debris and dirt under the nail beds.

The decedent had white wispy hair and a grey stubble beard. The right sclera was free of congestion and the pupil was noted to be circular in shape and constricted. The left sclera was congested and the pupil was noted to be almond shaped (similar to a cat's eye). The nares were free of obstruction and fluid. The mouth was open, with top and bottom dentures in place. The face, neck, and chest appeared congested and mottled. The skin had reddish-purple discoloration, which easily blanched when touched. Upon palpation, no crepitation was noted to the head, neck, face, or thorax. The abdomen was distended. A large surgical scar was noted to the right lower abdomen/hip. The anterior side of the lower left shin exhibited a circular scab. A small red abrasion was noted to the medial side of the lower right shin.

Upon rolling the decedent onto his right side, a scar was noted to the left lower back/flank. The decedent was warm to the

Preliminary Investigation Summary

State Case Number: 19-19-2719

Completed Date: 06/20/2019

touch and rigor mortis was absent in the extremities. Blanching lividity, with quick capillary refill, was noted to be consistent with his original position. The IV bags were placed on the decedent's chest and remained attached to the IV lines which were still secured to both arms. All syringes, and any waste generated during the execution process were placed inside 2 red biohazard bags, which were then placed inside the body bag with the decedent. A white body bag, that was in place under the decedent on the gurney during the time of the execution, was zipped closed around him. Due to damage to the bag and the inability to secure the zipper closed, the decedent was placed into a second body bag. This body bag was secured with a red zip tie labeled with the initials, "KD." The foot end of the body bag was marked with the decedent's case number, "MEC 19-1293," and name, "Johnson, Donnie." The seal and bag markings were photographed prior to removal. This investigator, Director of Investigations and MTRS personnel departed the scene at 1954 hours along with escort service to the Center for Forensic Medicine.

Medications on scene: Yes

Prescribed to the decedent: Medications located on scene included midazolam, vecuronium bromide, potassium chloride, and normal saline. The medications were collected from the scene and transported to the Center for Forensic Medicine in the body bag with the decedent.

Past Medical, Surgical and Social History:

The decedent has a known history of hypertension, hyperlipidemia, type 2 diabetes and a stroke on 4/8/2016. Medical records from TDOC indicated that the decedent's right eye was red and swollen because of a sty, however, no obvious deformity or protrusion from the right eye was noted during the examination.

The decedent only ate breakfast and lunch on the day of the execution. He denied his last meal.

Other Important Factors:

The name of the pharmacy that provided the lethal injection medications was accidentally placed on the medication container. Director of Investigations Candice Sexton covered the name of the pharmacy with a black sharpie marker in order to keep the business anonymous.

Investigator Kelli Derleth, 2201 hours

Investigator Notes:

The decedent has appointed his "spiritual advisor" Thomas Bugg as his Attorney of Fact. Documentation specifically stating the decedent is authorizing Mr. Bugg to make his final disposition arrangements has been received via email from the Federal Prosecutor's Office and uploaded under the release section of DDI.

A pathologist will attend the autopsy on Friday May 17th at the request of the decedent's defense attorney. The arrangements were made through Dr. Li and I am unsure of the time the pathologist will appear at this facility.

Candice M Sexton

5-16-19 0925 hours

5/16/2019

Next of kin notification: The decedent completed paperwork allowing his spiritual advisor/attorney of fact to make final disposition arrangements.

NOK information letter: N/A

Special request: A pathologist from GA and the Warden from Riverbend will be present for the examination. Per Dr. Li the bag is not to be opened until he approves.

Identification: Visually identified by the TDOC staff

Ante-mortem specimens: N/A

EMS follow-up: N/A

Investigator Kelli Derleth, 2203 hours

6/20/2019 Cremation permit approved by KL, entered by JM.

Tech Notes:

Doctor Notes:

OFFICE OF THE MEDICAL EXAMINER

850 R.S. Gass Boulevard
Nashville, TN 37216

Telephone: (615) 743-1800
Fax: (615) 743-1890

METROPOLITAN GOVERNMENT of NASHVILLE and DAVIDSON COUNTY

STATEMENT OF AUTHORITY TO REMOVE FROM THE FORENSIC CENTER THE BODY
OF:

Donnie Edward Johnson
MEC19-1293

Pursuant to the Tennessee code Annotated 62-5-313 (A), 62-5-317 (B) (1), the undersigned duly swears that he represents the Mortuary Establishment or Funeral Home which has legally contracted with the proper person to assume custody for purposes of removal and/or burial of the above-name decedent.

It is further stipulated that pursuant to the Tennessee Code Annotated 62-5-317 (A)(7), and 62-5-317(B)(11), the body of the above-named decedent will be promptly released to any person claiming said body which is lawfully entitled to custody thereof.

Jonathan Strickland
Funeral Home Representative Printed Name

[Signature]
Funeral Home Representative Signature

[Signature]
Forensic Medical Custodian

RELEASE AUTHORIZATION TO: Tennessee Cremation Care

DATE AUTHORIZATION RECEIVED: 06/17/2019 8:39 AM

AUTHORIZED BY: Thomas Bugg

RELATIONSHIP: Legal Rep

RELEASED BY: Erin M Carney, M.D.

FUNERAL HOME NOTIFIED: Krista Hammonds

DATE/TIME: 06/17/2019 8:39 AM

DEATH CERTIFICATE STATUS: Started in VRISM by MEO. kh

DEATH LOCATION: Riverbend Maximum Security Institution

CITY, STATE: Nashville TN

LOCATION TYPE:

EXAM TYPE: Autopsy

DEATH DATE: 05/16/2019 7:37 PM

Admitting and Discharge Checklist

MEC# 19-1293 Transport RP

NAME JOHNSON, DONNIE

COUNTY DVD

Property in Body Bag: YES NO

HOSPITAL SPECIMENS IN BIN (# OF TUBES ____): YES NO ____

PAPERWORK ☐ CD ☐ IN LOCK BOX: YES NO ____

TASK (Put initials beside each task you perform)

Put name and information in log book

Put name and information on board

Fingerprints

X-rays (if done)

Initial (as is) photographs

Autopsy photographs

Autopsy or External Exam (circle the appropriate)

Toxicology and information in computer

Carotids tied off

Check body bag for cuts, tears, or leakage

Re-bag or double bag

Clean outside of **ALL** body bags with Germicidal Cleaner

Check ankle tag when signing out

Check cart and clean if necessary before putting back in cooler

JS

CD

JA

JM

JM

EL / JAG

SAH

SAH

SAH

SAH

[Signature]

Forensic Medical Management Services PLC

TRANSFER RECEIPT

CaseNum: 19-1293

Decedent Name: Donnie Edward Johnson

<u>Container:</u>	<u>Item Barcode</u>	<u>Quantity</u>	<u>Item</u>	<u>Description</u>	<u>Date/Time</u>
Uncontainerized				<u>Container Type:</u>	
	010000264905	1	ID Tag	*****	6/17/2019 11:45:21AM

Notes:

FMMS Person: Melanie Byrd



To Organization: Tennessee Cremation

To Person: Care
Jonathan Strickland



Forensic Pathology
400 R N Cass Blvd
Hickoryville TN 37046
615-745-1816 FAX



7301 College Blvd., Suite 110
Overland Park, Kansas 66210
Ph: (913) 948-3375 Fax: (913) 663-0191



19-144-T47-0184-0
MEC191293.FORENSICS 01/15/51

HOSPITAL STATUS: ☐ INPATIENT ☐ OUTPATIENT ☐ NON-PATIENT

TIME 9:45 AM	PHYSICIAN: DR. CARNEY	DUPLICATE REPORT TO:	RUSH CALL / FAX NUMBER:
-----------------	--------------------------	----------------------	-------------------------

PATIENT	PATIENT NAME: (LAST) JOHNSON	(FIRST) DONNIE	(M.I.)	SEX: MALE
	STREET ADDRESS:			
CITY:		STATE:	ZIP:	
INSURANCE	CHART # / MEDICAL RECORD # 19-1293	DATE OF BIRTH: 01/15/51	TELEPHONE NO.:	WORK NO.:
	PLEASE ATTACH COPY OF INSURANCE CARD		PRIMARY INSURANCE	
	Insurance Company Name:		SECONDARY INSURANCE	
	Insurance Company Street Address:			
	Insurance Company City, State, Zip:			
Patient ID#:				
Group#:				
Responsible Party and Relationship:				

ICD-10:

Collection Date / Time: 3/17/2019 9:45 AM

NON-GYN CYTOLOGY

- | | | |
|--|---|---|
| <input type="checkbox"/> SPUTUM (009076) | <input type="checkbox"/> PLEURAL FLUID | <input type="checkbox"/> FINE NEEDLE ASPIRATION |
| <input type="checkbox"/> BRONCHIAL WASHING R L (009134) | <input type="checkbox"/> PERICARDIAL FLUID | <input type="checkbox"/> THYROID R L |
| <input type="checkbox"/> BRONCHIAL BRUSHING R L (009332) | <input type="checkbox"/> PERITONEAL FLUID | <input type="checkbox"/> SOLID BREAST MASS R L (009134) |
| <input type="checkbox"/> BAL R L | <input type="checkbox"/> CSF | <input type="checkbox"/> LUNG R L |
| <input type="checkbox"/> VOIDED URINE (009085) | <input type="checkbox"/> LABIA/VULVA R L | <input type="checkbox"/> LYMPH NODE |
| <input type="checkbox"/> CATHETERIZED URINE (009088) | <input type="checkbox"/> OTHER PLEASE SPECIFY | <input type="checkbox"/> BREAST CYST ASPIRATE R L |
| <input type="checkbox"/> BLADDER WASHING (009035) | | <input type="checkbox"/> OTHER PLEASE SPECIFY |

HISTOLOGY - Gross & Microscopic Exam

TISSUE SOURCE (Please list separately) / PROCEDURE (Shave, biopsy, punch, excision), etc.

1	3	A	C	6
2				7
3				8
4				9
5				10

CLINICAL INDICATIONS:

Physician/Authorized Signature

Patient, Client and Billing information is requested for timely processing of this case. Medicare and other third party payors require that services be medically necessary or coverage, and generally do not cover routine screening test. Refer to policies published by your Medicare Administrative Contractor (MACS), CMS, or www.LabCorp.com/MedicareMedicalNecessity when ordering tests that are subject to ABN guidelines.

ADDITIONAL TESTING

MICROBIOLOGY

- ☐ Source: _____
- ☐ Aerobic & Anaerobic (008003)
- ☐ Aerobic (008094)
- ☐ Anaerobic (008904)
- ☐ Fungal (008482)
- ☐ AFB (183753)
- ☐ Gramstain (008540)
- ☐ Body Fluid w/Gram Stain (188284)
- ☐ KOH (008135)
- Culture & Sensitivity will be performed unless otherwise specified.

Stool Testing (All Ambient)

- ☐ Ova and Parasite (008023) (Pink/Gray)
- ☐ Giardia (008141) (Pink/Gray)
- ☐ Stool Culture (008055) (Orange)
- ☐ White Blood Cells (008055) (Pink/Gray)
- ☐ C-Diff (183988) (White)
- ☐ GI Panel (183480) (Orange)

Miscellaneous Testing

- ☐ UroVysion (130080)

Source: _____

- ☐ Urinary Calculi/Stone

Other: _____

UroVysion is a registered trademark of Abbott Laboratories.



00420864



00420864



00420864



00420864



00420864



00420864



00420864



00420864

MEC#19-1293
JOHNSON, DONNIE
05/16/2019



00420864

7301 College Blvd., Suite 110
Overland Park, Kansas 66210
Ph: (913) 948-3375 Fax: (913) 663-0191

HOSPITAL STATUS: ☐ INPATIENT ☐ OUTPATIENT ☐ NON-PATIENT

TIME 9:45 AM	PHYSICIAN: DR. CHENEY	DUPLICATE REPORT TO:	RUSH CALL / FAX NUMBER:
-----------------	--------------------------	----------------------	-------------------------

PATIENT	PATIENT NAME: (LAST) JOHNSON	(FIRST) DONNIE	(M.I.)	SEX: MALE
	STREET ADDRESS: CITY: STATE: ZIP:			
INSURANCE	CHART # / MEDICAL RECORD # 14-1293	DATE OF BIRTH: 01/15/51	TELEPHONE NO.:	WORK NO.:

PLEASE ATTACH COPY OF INSURANCE CARD	PRIMARY INSURANCE	SECONDARY INSURANCE
Insurance Company Name:		
Insurance Company Street Address:		
Insurance Company City, State, Zip:		
Patient ID#:		
Group#:		
Responsible Party and Relationship:		

ICD-10:

Collection Date / Time: 5/17/2019 9:45 AM

NON-GYN CYTOLOGY

- | | | |
|--|---|---|
| <input type="checkbox"/> SPUTUM (009076) | <input type="checkbox"/> PLEURAL FLUID | <input type="checkbox"/> FINE NEEDLE ASPIRATION |
| <input type="checkbox"/> BRONCHIAL WASHING R L (009134) | <input type="checkbox"/> PERICARDIAL FLUID | <input type="checkbox"/> THYROID R L |
| <input type="checkbox"/> BRONCHIAL BRUSHING R L (009333) | <input type="checkbox"/> PERITONEAL FLUID | <input type="checkbox"/> SOLID BREAST MASS R L (009134) |
| <input type="checkbox"/> BAL R L | <input type="checkbox"/> CSF | <input type="checkbox"/> LUNG R L |
| <input type="checkbox"/> VOIDED URINE (009068) | <input type="checkbox"/> LABIA/VULVA R L | <input type="checkbox"/> LYMPH NODE |
| <input type="checkbox"/> CATHETERIZED URINE (009066) | <input type="checkbox"/> OTHER PLEASE SPECIFY | <input type="checkbox"/> BREAST CYST ASPIRATE R L |
| <input type="checkbox"/> BLADDER WASHING (009035) | | <input type="checkbox"/> OTHER PLEASE SPECIFY |

HISTOLOGY - Gross & Microscopic Exam

TISSUE SOURCE (Please list separately) / PROCEDURE (Shave, biopsy, punch, excision), etc.

1	3	6
2		7
3		8
4		9
5		10

CLINICAL INDICATIONS:

Physician/Authorized Signature

Patient, Client and Billing information is requested for timely processing of this case. Medicare and other third party payors require that services be medically necessary or coverage, and generally do not cover routine screening test. Refer to policies published by your Medicare Administrative Contractor (MACS), CMS, or www.LabCorp.com/MedicareMedicalNecessity when ordering tests that are subject to ABN guidelines.

All diagnoses should be provided by the ordering physician or his or her authorized designee. Diagnosis/Signs/Symptoms in ICD-CM format in effect at Date of Service (Highest Specificity Required)

ADDITIONAL TESTING

MICROBIOLOGY

- ☐ Source: _____
- ☐ Aerobic & Anaerobic (008003)
- ☐ Aerobic (008694)
- ☐ Anaerobic (008904)
- ☐ Fungal (008482)
- ☐ AFB (183753)
- ☐ Gramstain (008540)
- ☐ Body Fluid w/Gram Stain (188284)
- ☐ KOH (008136)
- Culture & Sensitivity will be performed unless otherwise specified.

Stool Testing (All Ambient)

- ☐ Ova and Parasite (008623) (Pink/Gray)
- ☐ Giardia (008144) (Pink/Gray)
- ☐ Stool Culture (008256) (Orange)
- ☐ White Blood Cells (008656) (Pink/Gray)
- ☐ C-Diff (183956) (White)
- ☐ GI Panel (183460) (Orange)

Miscellaneous Testing

- ☐ UroVysion (130080)

Source: _____

- ☐ Urinary Calculi/Stone

Other: _____

UroVysion is a registered trademark of Abbott Laboratories.

CLIENT COPY



ANALYSIS REQUISITION AND CHAIN OF CUSTODY

3701 Welsh Road, Willow Grove, PA 19090
(215)657-4900 (866)522-2216 Fax (215)366-1501

NMS USE ONLY

Client Profile: **10341**Account Name: **Forensic Medical Management Service- Nashville**Work ID (Subject ID or Case No.): **MEC# 19-1293****MEC# 19-1293 EC/JDH**
JOHNSON, DONNIE
05/16/2019☐ **Return Specimen** (add'l charge)☐ Do not Micro Specimen☐ Do not Consume Specimen

Collection Date (mm/dd/yyyy)	Collection Time (military)	Specimen type (e.g. blood, urine)	Specimen Source (e.g. cardiac, vitreous)	Container Labeled as (client identifier)
05/17/2019	0900	BLOOD	FEMORAL	A
05/17/2019	0900	BLOOD	HEART	B
05/17/2019	0900	VITREOUS	VITREOUS	C
05/17/2019	0905	URINE	URINE	D

Requesting Medical Examiner: (615) -743-1800

*If Sending more than 5 samples, please include the same detail for each sample.

<input type="checkbox"/> DR. FENG LI	<input checked="" type="checkbox"/>	DR. ERIN CARNEY	<input type="checkbox"/>	DR. RANDY TASHJIAN
<input type="checkbox"/> DR. TOM DEERING	<input type="checkbox"/>	DR. EMILY DENNISON	<input type="checkbox"/>	
<input type="checkbox"/> DR. MIGUEL LABOY	<input type="checkbox"/>	DR. DAVID ZIMMERMAN	<input type="checkbox"/>	

REQUESTED TEST: (USE Checkmarks):

<input type="checkbox"/> 8041B	Basic PM Drug Panel in BLOOD with Vitreous confirm	<input type="checkbox"/>	1919FL	Electrolytes and Glucose Panel, VITREOUS
<input checked="" type="checkbox"/> 8042B	Expanded PM Drug panel in BLOOD with Vitreous confirm	<input type="checkbox"/>	1002B	Carbon Monoxide Exposure Panel, BLOOD
<input type="checkbox"/> 8050U	6-MAM Drug Screen in URINE - add-on, Qualitative	<input type="checkbox"/>	1006TI	Carbon Monoxide Exposure Panel, TISSUE
<input type="checkbox"/> 8051TI	Basic PM Drug Panel in TISSUE	<input type="checkbox"/>	8756B	Novel Psychoactive Substance (NPS) Screen 1
<input type="checkbox"/> 8052TI	Expanded PM Drug Panel in TISSUE	<input type="checkbox"/>	9566B	Synthetic Cannabinoids Screen - add-on, BLOOD
<input type="checkbox"/> 8051B	Basic PM Drug Panel in BLOOD (Admission Blood)	<input type="checkbox"/>	2143B	Gabapentin, BLOOD
<input type="checkbox"/> 8052B	Expanded PM Drug Panel in BLOOD (Admission Blood)	<input type="checkbox"/>	2423B	Inhalants Panel, with DFE, TFE, BLOOD

OTHER TESTING:

The test code and name must be entered. Requisitions submitted without a test code will cause a delay and/or may not be ordered at time of receipt. If you need assistance, contact our Client Support department at 866.522.2216

Test Code	Test Name

DO NOT ADD TESTING HERE

☐ Vehicular ☒ Homicide ☐ Suicide ☐ Suspected OD ☐ Accidental Death ☒ Undetermined

Brief Case History/ Circumstance of Death: _____

DATE	RELINQUISHED BY	RECEIVED BY	PURPOSE OF TRANSFER
05/17/2019	HAYES	FedEx	Laboratory Testing

For a complete list of testing offerings, visit www.nmslabs.com . If you need assistance, contact us at 866.522.2216

CASE#: 19-1293
NAME: DONNIE JOHNSON
DOB 1/15/51 RACE W SEX M SS# 301-48-5571

ADULT INVESTIGATIVE FOLLOW-UP SHEET

Additional Information Needed:

A. _____
Date requested: _____ Inits _____ Date received: _____ Inits _____ in DIDI Y/N
B. _____
Date requested: _____ Inits _____ Date received: _____ Inits _____ in DIDI Y/N
C. _____
Date requested: _____ Inits _____ Date received: _____ Inits _____ in DIDI Y/N

County has DIDI access and may not have order of autopsy: Yes/No

DIDI input by: N/A Number: _____

Autopsy Order: N/A
Date requested: N/A Inits _____ Date received: N/A Inits _____ In DIDI Y/N

Police Report: N/A
Date requested: N/A Inits _____ Date received: N/A Inits _____ In DIDI Y/N

Scene Photos: _____
Date requested: _____ Inits _____ Date received: 5/16 Inits kd In DIDI Y

Next of Kin notification: Y/N Date Served: _____ Inits _____ In DIDI Y/N

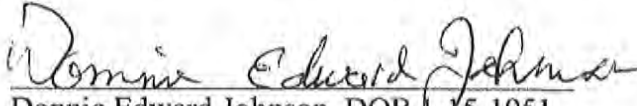
Blood requested: Yes/No Hospital: N/A Date: _____

Medical Records: 5/16 CR
diverband Date requested: 5/16 Inits CR Date received: 5/16 Inits kd In DIDI Y
M.R. _____ Date requested: _____ Inits _____ Date received: _____ Inits _____ In DIDI Y/N
_____ Date requested: _____ Inits _____ Date received: _____ Inits _____ In DIDI Y/N
_____ Date requested: _____ Inits _____ Date received: _____ Inits _____ In DIDI Y/N
PCP: _____ Date requested: _____ Inits _____ Date received: _____ Inits _____ In DIDI Y/N

**DURABLE POWER OF ATTORNEY FOR HEALTH CARE
AND FOR DISPOSAL OF BODY
DUE TO PRESENT INCARCERATION AND PENDING EXECUTION OF
PRINCIPAL**

I, Donnie Edward Johnson, DOB 1-15-1951, the principal, a legal resident of Davidson County, Tennessee, acting pursuant to *T.C.A. § 34-6-201 et seq.*, appoint Thomas Leland Bugg, DOB 7-7-1940, to act as my attorney-in-fact for health care decisions. I knowingly and intelligently vest Mr. Bugg with all powers set-forth in *T.C.A. § 34-6-204*, including the power to make health care decisions for me, and on my behalf. I specifically vest Mr. Bugg with authority to direct the disposition of my remains, post-autopsy, and to have an appropriate undertaker, or other appropriate person, take physical possession of my body so that it may be cremated, buried, or otherwise properly disposed of, as is authorized by *T.C.A. § 34-6-204(b)(3)*.


This durable power of attorney is hereby entered and executed on this the 15th day of May, 2019,


Donnie Edward Johnson, DOB 1-15-1951

Pursuant to *T.C.A. § 34-6-203(a)(3)* the undersigned who are competent adults, who are not related by blood, marriage or adoption to the principal, and who are not entitled to any portion of the estate of principal, witnessed the execution of this document.



Name: _____

5/15/19
Date



Name: _____

5/15/19
Date

Detail	Offenses	Images	Release	Search	List
Tennessee Offender FaceSheet					
TOMIS ID: 00109031 Name: JOHNSON, DONNIE EDWARD					
Height: 06'00"		Weight: 230 lbs	Sex: MALE	Eye Color: GREEN	
Hair Color: BROWN		Race: WHITE			
Complexion: FAIR		Birth Date: 01/15/1951	Age: 68		
Citizenship:		Incompatible Inmates: Y			
Sex Offender:	Escape History: N	Detainers: N	Pending Charges: N		
Sentence Effective: 12/11/1984		Current Location: RMSI			
Sentence Expires:		Custody Level: MAXIMUM			
Release Eligibility:		Number of Convictions: 1			
Safety Valve Date:		Max Sentence: DEATH			
Offenses: MURDER 1					
(For more details, click on the "Offenses" tab above)					
State ID#: 397017		FBI #:	NCIC #:		
Social Security Number (Provided by offender - not verified): 301-48-5571					
Alias:					
<u>Emergency Notification</u>					
TOMMY BUGG 4620 SHY'S HILL DR. NASHVILLE TN 37215					
Relationship: FRIEND					



FRONTAL IMAGE
(submitted 06/01/2017)



PROFILE IMAGE
(submitted 06/01/2017)

CR-1391 (Rev. 2/04)

OFFICE OF THE MEDICAL EXAMINER
Center for Forensic Medicine
Nashville, Tennessee

REPORT OF INVESTIGATION BY COUNTY MEDICAL EXAMINER

Davidson County Medical Examiner: Feng Li M.D., J.D., Ph.D.

Judicial District Number: 20

District Attorney: Honorable Glenn Funk

State Number: 19-19-2719

Case Number: MEC19-1293

Name of Decedent Donnie Edward Johnson		Age 68 Years	Race White	Date of Birth 01/15/1951	Sex Male
Address Riverbend Maximum Security Institution, 7475 Cockrill Bend Blvd, Nashville, TN 37209					
Date of Death 05/16/2019 7:37 PM	Type of Death In Jail/Prison/In Police Custody	Investigating Agency/Complaint #: TN Department of Corrections			
Place of Death Riverbend Maximum Security Institution, Nashville, TN					
Narrative Summary <p>The decedent was reported to be a 68-year-old, Caucasian male who was an inmate with the Tennessee Department of Correction (TDOC) housed at the Riverbend Maximum Security Institution. On 05/16/2019, his execution was carried out by means of lethal injection as ordered by the State of Tennessee. His death was pronounced by a physician at 1937 hours. Due to the fact that the decedent was incarcerated at the time of his death and based on the unnatural circumstances, Medical Examiner jurisdiction was accepted. Director of Investigations Candice Sexton and Investigator Kelli Derleth responded to the scene. A brief body examination was conducted and was documented through photography. The decedent was then transported via Middle Tennessee Removal Service to the Center for Forensic Medicine for further examination and death certification purposes.</p> <p>Investigator Kelli Derleth 05/16/2019 2141 hours</p>					
Jurisdiction Accepted Yes		Autopsy Ordered Yes		Toxicology Ordered Yes	
Physician Responsible for Death Certificate Erin M Carney, M.D.					
Cremation Approved Yes		Funeral Home Tennessee Cremation Care			
Cause of Death Acute combined drug intoxication due to Lethal injection					
Contributory Cause of Death					
Manner of Death Homicide					

CERTIFIED COPY
[Signature]
Date: _____
Certified by: _____
Forensic Medical - Office of the
Medical Examiner, Nashville, TN

OFFICE OF THE MEDICAL EXAMINER
Center for Forensic Medicine
850 R.S. Gass Blvd.
Nashville, Tennessee 37216-2640

CASE: MEC19-1293
County: DAVIDSON

AUTOPSY REPORT

NAME OF DECEDENT: JOHNSON, DONNIE RACE: White SEX: Male AGE: 68
DATE AND TIME OF DEATH: May 16, 2019 at 7:37 p.m.
DATE AND TIME OF AUTOPSY: May 17, 2019 at 9:15 a.m.
FORENSIC PATHOLOGIST: Erin M. Carney, M.D.
COUNTY MEDICAL EXAMINER: Feng Li, M.D., J.D., Ph.D.
DISTRICT ATTORNEY GENERAL: Honorable Glenn Funk

PATHOLOGIC DIAGNOSES

1. Acute combined drug intoxication:
 - A. Drugs administered by lethal injection.
 2. Hypertensive atherosclerotic cardiovascular disease:
 - A. Cardiomegaly (530 grams) with clinical history of hypertension.
 - B. Thirty to sixty percent calcific stenosis, left anterior descending artery.
 - C. Seventy-five percent calcific stenosis, branch of left circumflex artery.
 - D. Calcification of right coronary artery without stenosis.
 - E. Nephrosclerosis.
 - F. Remote infarcts, brain.
 3. Pulmonary congestion and edema (right lung 830 grams, left lung 800 grams with frothy fluid of lower airways).
 4. Remote left-sided rib fractures.
-

CAUSE OF DEATH: Acute combined drug intoxication due to lethal injection
MANNER OF DEATH: Homicide
CIRCUMSTANCES OF DEATH: Judicial execution

I hereby certify that I, Erin M. Carney, M.D. have performed an autopsy on the body of Donnie Johnson on the 17th day of May, 2019 at 9:15 a.m. in the Center for Forensic Medicine. The purpose of this report is to provide a certified opinion to the County Medical Examiner and District Attorney General. The facts and findings to support these conclusions are filed with the Tennessee Department of Health. The autopsy was performed in the presence of David Zimmerman, M.D.

EXTERNAL EXAMINATION

The body is that of a well-developed, well-nourished (body mass index of 38.9 kilograms per meter squared), white male clad in pale yellow shirt and pants, white shirt, white undershorts, and white socks. The body weighs 287 pounds, is 6 feet in length, and appears consistent with the reported age of 68 years. Rigor is present to an equal degree in all extremities. Blanching lividity is on the posterior surface of the body, except in areas exposed to pressure. The scalp hair is white mixed with brown. Facial hair consists of short hair in a mustache and beard distribution. The irides are blue. The corneas are hazy. The conjunctivae are pale and without petechial hemorrhages. Mid-scleral drying is noted. The external auditory canals, nares, and oral cavity are free of foreign material and abnormal secretions. The jaws are edentulous, with maxillary and mandibular dentures. The neck is without deformity or palpable masses. The chest exhibits the normal anteroposterior diameter. The abdomen is soft. The extremities are symmetric and without deformity. The fingernails are long, clean, and intact. Neither tattoos nor needle tracks are observed. Scars are on the left forearm, right side of the lower abdomen, left knee, and right leg. Crusted abrasions are on the legs. A 1 3/4 x 1 inch firm, mobile mass is on the upper back. The external genitalia are those of an adult male. The penis is uncircumcised and both testes are descended within the scrotum. The posterior torso exhibits a normal contour, and the anus is unremarkable.

EVIDENCE OF THERAPY: Intravenous catheters are in the antecubital fossae with attached intravenous saline bags.

EVIDENCE OF INJURY: Abrasions are on the right forearm and lower back over the sacrum. A faint purple contusion is on the medial left knee.

INTERNAL EXAMINATION

BODY CAVITIES: The body is opened by the usual thoraco-abdominal incision and the chest plate is removed. No adhesions or abnormal collections of fluid are in the pleural, pericardial, or abdominal cavities. All body organs are in the normal anatomic position.

HEAD: The scalp is reflected. The calvarium of the skull is removed. The dura mater and falx cerebri are intact. There is no epidural, subdural, or subarachnoid hemorrhage. The leptomeninges are thin and delicate. The cerebral hemispheres are symmetrical. The structures at the base of the brain, including cranial nerves and blood vessels, are intact. There is no evidence of herniation. Coronal sections through the cerebral hemispheres reveal yellow-brown cystic lesions in the white matter of the right frontal (0.4 x 0.3 cm), left frontal (0.7 x 1 cm), left frontoparietal (0.4x 0.3 cm), and left parietal (0.6 x 0.5 cm) lobes. Transverse sections through the brain stem and cerebellum are unremarkable. The brain weighs 1450 grams.

NECK: Examination of the soft tissues of the neck, including strap muscles and large vessels, reveal no abnormalities. The larynx and trachea are normally formed and patent with unremarkable mucosa. The hyoid bone and thyroid cartilage are intact. The cervical spine is unremarkable.

CARDIOVASCULAR SYSTEM: The pericardial surfaces are smooth, glistening, and unremarkable. The coronary arteries arise normally and follow the usual distribution with right dominant circulation. The coronary arteries show significant atherosclerosis with 30-60% calcific stenosis of the proximal left anterior descending artery, 75% calcific stenosis of an inferior branch of the left circumflex artery, and calcification without significant stenosis of the right coronary artery. The chambers and valves exhibit the usual size-position relationship, with calcifications of the sinoatrial ridge and non-coronary cusp of the aortic valve. The myocardium is red-brown, soft, and unremarkable; the atrial and ventricular septa are intact. The thickness of the heart walls as measured 1 cm below the atrioventricular valve annuli are as follows: right ventricle, 0.3 cm; left ventricle, 1.4 cm; and interventricular septum, 1.5 cm. The aorta and its major branches arise normally, follow the usual course and are widely patent, free of significant atherosclerosis and other abnormality. The vena cava and its major tributaries return to the heart in the usual distribution and are free of thrombi. The heart weighs 530 grams.

RESPIRATORY SYSTEM: The bronchi and bronchioles contain frothy fluid that extends up to the carina; the mucosal surfaces are otherwise smooth, yellow-tan, and unremarkable. The pleural surfaces are smooth, glistening, and intact. The lungs exhibit normal lobar configurations. The pulmonary parenchyma is pink to red, exuding slight to moderate amounts of bloody fluid; no focal lesions are noted. The pulmonary arteries are normally developed and patent, without thrombus or embolus. The right lung weighs 830 grams, and the left lung weighs 800 grams.

HEPATOBIILIARY SYSTEM: The hepatic capsule is smooth, glistening, and intact, covering dark red-brown parenchyma with no focal lesions noted. The gallbladder contains yellow-brown, mucoid bile; the mucosa is velvety and unremarkable. The extrahepatic biliary tree is patent, without evidence of calculi. The liver weighs 1810 grams.

ALIMENTARY TRACT: The tongue exhibits no evidence of recent injury. The esophagus is lined by a gray-white, smooth mucosa. The gastric mucosa is arranged in the usual rugal folds, exhibits a white reticular pattern in the distal fundus and antrum, and the lumen contains 430 mL of tan watery fluid. The small and large intestines are unremarkable. The pancreas has a normal pink-tan lobulated appearance and the ducts are not dilated. The appendix is unremarkable.

GENITOURINARY SYSTEM: The renal capsules are smooth and thin, semi-transparent, and stripped with ease from the underlying granular, red-brown cortical surfaces. A 0.5 x 0.4 x 0.2 cm yellow lesion is on the cortex of the right kidney. A 1.5 x 1.3 x 1.2 cm cortical cyst is in the left kidney. The cortices are sharply delineated from the medullary pyramids, which are red-purple to tan and unremarkable. The calyces, pelves, and ureters are unremarkable. The right kidney weighs 250 grams; the left kidney 300 grams. The urinary bladder contains 180 mL of clear yellow urine; the mucosa is gray-tan and smooth. The prostate gland is nodular. The seminal vesicles are unremarkable, and the testes are congested.

RETICULOENDOTHELIAL SYSTEM: The spleen has a smooth, intact capsule covering a red-purple, soft parenchyma; the lymphoid follicles are unremarkable. The regional lymph nodes appear normal. The spleen weighs 310 grams.

ENDOCRINE SYSTEM: The left lobe of the thyroid gland is enlarged compared to the right lobe, with yellow to red-purple mottling of the parenchyma. The parathyroid glands are inconspicuous. The adrenal glands and pituitary gland are unremarkable.

MUSCULOSKELETAL SYSTEM: Muscle development is normal. Remote fractures of the lateral aspect of left ribs 6 and 7 are identified. No other bone or joint abnormalities are noted.

TOXICOLOGY: Blood, urine, and vitreous fluid are submitted for toxicologic analysis (see separate report).

HISTOLOGY: Three (3) tissue cassettes are submitted.

- **YELLOW CORTICAL LESION, KIDNEY (A):** A section of the yellow cortical lesion of the kidney reveals a mass consisting of clusters of cells with pink granular cytoplasm and clear, bubbly cytoplasm with occasional nucleoli. The adjacent kidney shows a few sclerotic glomeruli, intratubular calcifications, and single focus of interstitial chronic inflammation.
- **LEFT LOBE, THYROID GLAND (B):** A section of the left lobe of the thyroid gland reveals follicular architecture with areas of hyalinized stroma and dystrophic calcification. No tumor is identified.
- **ANTRUM (C):** A section of the antrum reveals absence of normal mucosa (possible autolysis and sloughing) with a dense infiltrate of small blue cells with dispersed chromatin and rare nucleoli in the submucosa and pink, amorphous material. The muscle appears unaffected.

ADDITIONAL STUDIES: A full body postmortem radiograph reveals surgical hardware in the left forearm. No projectiles or acute fractures are noted.

SUMMARY OF CASE & OPINION

This 68-year-old white male, Donnie Johnson, was an inmate at Riverbend Maximum Security Institution. His judicial execution was carried out on May 16, 2018 by lethal injection. His past medical history is significant for hypertension, hyperlipidemia, and diabetes mellitus with a documented stroke in 2016.

Autopsy examination reveals remote infarcts of the brain, an enlarged heart with moderate to severe atherosclerosis of the coronary arteries, pulmonary congestion and edema with frothy fluid in the lower airways, a renal cortical cyst, and old left-sided rib fractures. A mass in the kidney appears to be adrenal cortex. Additional incidental findings are in the thyroid gland and stomach that do not contribute to death. Postmortem toxicology testing of the blood reveals a high level of midazolam with glipizide.

The cause of death is acute combined drug intoxication due to lethal injection. As the death is a result of judicial execution, the manner of death is classified as homicide.

*****Electronically signed by Erin M. Carney, M.D. on Monday, July 1, 2019*****

Erin M. Carney, M.D.
Assistant Medical Examiner



NMS Labs

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200 Welsh Road, Horsham, PA 19044-2208
Phone: (215) 657-4900 Fax: (215) 657-2972
e-mail: nms@nmslabs.com
Robert A. Middleberg, PhD, F-ABFT, DABCC-TC, Laboratory Director

Toxicology Report

Report Issued 06/05/2019 10:04

To: 10341
Forensic Medical Management Services - Nashville
850 R.S. Gass Blvd,

Nashville, TN 37216

Patient Name JOHNSON, DONNIE
Patient ID MEC# 19-1293
Chain 19150044
Age Not Given DOB Not Given
Gender Not Given
Workorder 19150044

Page 1 of 4

Positive Findings:

<u>Compound</u>	<u>Result</u>	<u>Units</u>	<u>Matrix Source</u>
Midazolam	930	ng/mL	001 - Femoral Blood
Glipizide	360	ng/mL	001 - Femoral Blood

See Detailed Findings section for additional information

Testing Requested:

<u>Analysis Code</u>	<u>Description</u>
8042B	Postmortem, Expanded w/Vitreous Alcohol Confirmation, Blood (Forensic)

Specimens Received:

<u>ID</u>	<u>Tube/Container</u>	<u>Volume/ Mass</u>	<u>Collection Date/Time</u>	<u>Matrix Source</u>	<u>Miscellaneous Information</u>
001	Gray Top Tube	10 mL	05/17/2019 09:00	Femoral Blood	
002	Gray Top Tube	9.5 mL	05/17/2019 09:00	Heart Blood	
003	Red Top Tube	7.25 mL	05/17/2019 09:00	Vitreous Fluid	
004	White Plastic Container	60 mL	05/17/2019 09:05	Urine	

All sample volumes/weights are approximations.

Specimens received on 05/21/2019.



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Workorder 19150044
Chain 19150044
Patient ID MEC# 19-1293

Page 2 of 4

Detailed Findings:

Analysis and Comments	Result	Units	Rpt. Limit	Specimen Source	Analysis By
Midazolam	930	ng/mL	5.0	001 - Femoral Blood	LC-MS/MS
Glipizide	360	ng/mL	40	001 - Femoral Blood	LC-MS/MS

Other than the above findings, examination of the specimen(s) submitted did not reveal any positive findings of toxicological significance by procedures outlined in the accompanying Analysis Summary.

Reference Comments:

1. Glipizide (Gliphenese; Glucotrol®; Glynase) - Femoral Blood:

Glipizide is a second-generation oral sulfonylurea anti-diabetic agent that lowers blood glucose in both diabetics and non-diabetics.. It is available in both normal release and extended release formulations.

Peak plasma concentrations of approximately 310 - 610 ng/mL were achieved after administration of a single 5 mg dose of both immediate and extended release formulations. Maximum concentrations were reached in approximately 1.5 - 4.5 and 3.5 - 7 hours after immediate and extended release dosing, respectively.

Oral ingestion of a single 5 mg tablet can result in persistent hypoglycemia in children. A serum glipizide concentration of 400 ng/mL was measured in a 5 year old child administered 15 mg/day for 3 days. A 6 year old child who ingested a 10 mg extended release tablet remained hypoglycemic for 70 hours with a serum glipizide concentration of 1000 ng/mL 57 hours post-ingestion.

Adverse effects of glipizide are similar to effects associated with hypoglycemia including dizziness, drowsiness, headache, nausea and diarrhea.

The blood to plasma ratio of Glipizide is not known.

2. Midazolam (Versed®) - Femoral Blood:

Midazolam is a short acting benzodiazepine (a DEA Schedule IV controlled compound) with strong central nervous system depressant/hypnotic properties. It is usually utilized for preoperative sedation, as a sedative hypnotic, and as an agent for the induction of anesthesia. It has significant abuse potential. Effects noted following use may include sedation, somnolence (drowsiness or sleepiness), visual disturbances (diplopia or double vision), dysarthria (slurred speech), ataxia (shaky movements and unsteady gait), and intellectual impairment and coma may result.

Oral doses of 10 mg given to 20 subjects produced average peak plasma concentrations (at 1 hr post dose) for midazolam of 69 ng/mL in males and 53 ng/mL in females. As a preoperative medication, intramuscular injection of midazolam at 0.13 mg/Kg body weight (9.1 mg/70 Kg body weight) produced peak plasma concentrations of 68 ng/mL.

At high concentrations, confusion, impaired coordination, diminished reflexes, respiratory depression, apnea, hypotension and coma may result.

Sample Comments:

001 Physician/Pathologist Name: DR. ERIN CARNEY

Unless alternate arrangements are made by you, the remainder of the submitted specimens will be discarded one (1) year from the date of this report; and generated data will be discarded five (5) years from the date the analyses were performed.



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Workorder 19150044
Chain 19150044
Patient ID MEC# 19-1293

Page 3 of 4

Workorder 19150044 was electronically
signed on 06/05/2019 09:30 by:

Donna M. Papsun, M.S., D-ABFT-FT
Forensic Toxicologist

Analysis Summary and Reporting Limits:

All of the following tests were performed for this case. For each test, the compounds listed were included in the scope. The Reporting Limit listed for each compound represents the lowest concentration of the compound that will be reported as being positive. If the compound is listed as None Detected, it is not present above the Reporting Limit. Please refer to the Positive Findings section of the report for those compounds that were identified as being present.

Acode 50012B - Benzodiazepines Confirmation, Blood - Femoral Blood

-Analysis by High Performance Liquid Chromatography/ Tandem Mass Spectrometry (LC-MS/MS) for:

<u>Compound</u>	<u>Rpt. Limit</u>	<u>Compound</u>	<u>Rpt. Limit</u>
7-Amino Clonazepam	5.0 ng/mL	Flurazepam	2.0 ng/mL
Alpha-Hydroxyalprazolam	5.0 ng/mL	Hydroxyethylflurazepam	5.0 ng/mL
Alprazolam	5.0 ng/mL	Hydroxytriazolam	5.0 ng/mL
Chlordiazepoxide	20 ng/mL	Lorazepam	5.0 ng/mL
Clobazam	20 ng/mL	Midazolam	5.0 ng/mL
Clonazepam	2.0 ng/mL	Nordiazepam	20 ng/mL
Desalkylflurazepam	5.0 ng/mL	Oxazepam	20 ng/mL
Diazepam	20 ng/mL	Temazepam	20 ng/mL
Estazolam	5.0 ng/mL	Triazolam	2.0 ng/mL

Acode 52405B - Hypoglycemics Confirmation, Blood - Femoral Blood

-Analysis by High Performance Liquid Chromatography/ Tandem Mass Spectrometry (LC-MS/MS) for:

<u>Compound</u>	<u>Rpt. Limit</u>	<u>Compound</u>	<u>Rpt. Limit</u>
Glipizide	40 ng/mL	Glyburide	40 ng/mL

Acode 8042B - Postmortem, Expanded w/Vitreous Alcohol Confirmation, Blood (Forensic) - Femoral Blood

-Analysis by Enzyme-Linked Immunosorbent Assay (ELISA) for:

<u>Compound</u>	<u>Rpt. Limit</u>	<u>Compound</u>	<u>Rpt. Limit</u>
Barbiturates	0.040 mcg/mL	Salicylates	120 mcg/mL
Cannabinoids	10 ng/mL		

-Analysis by Headspace Gas Chromatography (GC) for:

<u>Compound</u>	<u>Rpt. Limit</u>	<u>Compound</u>	<u>Rpt. Limit</u>
Acetone	5.0 mg/dL	Isopropanol	5.0 mg/dL
Ethanol	10 mg/dL	Methanol	5.0 mg/dL



CONFIDENTIAL

Workorder 19150044
Chain 19150044
Patient ID MEC# 19-1293

Page 4 of 4

Analysis Summary and Reporting Limits:

-Analysis by High Performance Liquid Chromatography/Time of Flight-Mass Spectrometry (LC/TOF-MS) for: The following is a general list of compound classes included in this screen. The detection of any specific analyte is concentration-dependent. Note, not all known analytes in each specified compound class are included. Some specific analytes outside these classes are also included. For a detailed list of all analytes and reporting limits, please contact NMS Labs.

Amphetamines, Anticonvulsants, Antidepressants, Antihistamines, Antipsychotic Agents, Benzodiazepines, CNS Stimulants, Cocaine and Metabolites, Hallucinogens, Hypnotosedatives, Hypoglycemics, Muscle Relaxants, Non-Steroidal Anti-Inflammatory Agents, Opiates and Opioids.

MEDICATION ADMINISTRATION RECORD

Facility: RMSI - 6657

Month: May 2019

Init.	Drug - Dose - Mode - Interval	HR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
<input checked="" type="checkbox"/>	SIMVASTATIN 20MG TAB TAKE ONE TABLET(S) BY MOUTH EVERY DAY-HYPERLIPIDEMIA, UNSPECIFIED DAYS: 180 Prescriber MA, SHAO Rx#1994819 Order Date 12/12/2018 Start Date 12/12/2018 Stop Date 6/10/2019	K #30 4/9/19 P																															
	QUANTITY 30 DATE 5/12/19 NURSE SIG INMATE SIG																																
<input checked="" type="checkbox"/>	CETIRIZINE HCL 10MG TAB TAKE TWO TABLET(S) BY MOUTH EVERY NIGHT AT BEDTIME FOR 180 DAYS AS NEEDED-ALLERGY, UNSPECIFIED DAYS: 180 Prescriber MA, SHAO Rx#1994791 Order Date 12/12/2018 Start Date 12/12/2018 Stop Date 6/10/2019	K #30 4/17/19 P																															
	QUANTITY 30 DATE 5/12/19 NURSE SIG INMATE SIG																																
<input checked="" type="checkbox"/>	NASALCROM (200 MS) 5.2/ACT SPR USE 2 SPRAYS EACH NOSTRIL TWICE DAILY FOR 180 DAYS-ALLERGIC RHINITIS DAYS: 180 Prescriber MA, SHAO Rx#1994794 Order Date 12/12/2018 Start Date 12/12/2018 Stop Date 6/10/2019	K #1 4/9/19 P																															
	QUANTITY 1 DATE 5/12/19 NURSE SIG INMATE SIG																																
<input checked="" type="checkbox"/>	BRIMONIDINE TARTRATE 0.2% OP EYE INSTILL 1 DROP IN LEFT EYE TWICE DAILY FOR 180 DAYS-EYE ANOMALIES NEC DAYS: 180 Prescriber MA, SHAO Rx#2032752 Order Date 1/30/2019 Start Date 1/30/2019 Stop Date 7/29/2019	K #1 4/23/19 P																															
	QUANTITY 1 DATE 5/12/19 NURSE SIG INMATE SIG																																
<input checked="" type="checkbox"/>	TIMOLOL MALEATE 10ML 0.5% OP EYE INSTILL 1 DROP IN LEFT EYE TWICE DAILY X 180 DAYS-EYE ANOMALIES NEC DAYS: 180 Prescriber HOPP, ROBIN Rx#2069146 Order Date 3/11/2019 Start Date 3/11/2019 Stop Date 9/7/2019	K #1 bottle 5/8/19 VR P																															
	QUANTITY 1 DATE 5/8/19 NURSE SIG INMATE SIG																																
<input checked="" type="checkbox"/>	NAPROXEN 500MG TAB TAKE ONE TABLET(S) BY MOUTH TWICE DAILY X30DAYS-PAIN NEC DAYS: 30 Prescriber SIDBERRY, CHARLES Rx#2096852 Order Date 4/9/2019 Start Date 4/9/2019 Stop Date 5/9/2019	K #60 4/12/19 P																															
	QUANTITY 60 DATE 5/9/2019 NURSE SIG INMATE SIG																																

Diagnosis: PENICILLINS

Allergies:

00109031

DOB/Inmate #: 01/15/1951

Location: 2D211

NAME ALERT

Name: JOHNSON, DONNIE EDWARD

11/22/15

TENNESSEE DEPARTMENT OF CORRECTION

MAJOR MEDICAL CONDITIONS

PROBLEM LIST

Name Johnson Donnie Edward Number: 109031
Last First Middle
Date of Birth: 1/15/51 Gender: ☒ M ☐ F Race: W
Allergies: PCN

Problem Number*	Date Identified/Recorded	Major Medical Conditions/Problems
I	4/14/09	DM(2)
II		Hypertension
III	12/2003	Hyperlipidemia
IV		s/p stroke at 4/8/16 not cu

*Major medical problems considered medical or surgical in nature are identified by Roman numerals, i.e. I Diabetes, II Laminectomy.
*Psychiatric or serious psychological problems are identified by capital letters, i.e. A Schizophrenia, B Self-mutilative Behavior.



TENNESSEE DEPARTMENT OF CORRECTION
DIABETIC RECORD (by Glucose Monitoring Device)

RMSI
INSTITUTION

May, 2014

Patient: Johnson, Donnie Number: 109031
Physician: Dr. Sidberry Location: 2D211
Current Weight: _____ Height: _____ Age: _____ Diet: _____
Current Medication Order: See Mar

DATE	TIME	BLOOD GLUCOSE READING	MEDICATION GIVEN	REMARKS	NURSE INITIALS
1	HR 0500	125	Accur only	_____	EO
	HR 1100	106	Accur only	_____	MB
2	HR 0500	115	Accur only	_____	EO
	HR 1100	114	Accur	_____	MB
3	HR 0500	137	Accur only 4 units RSSI	_____	EO
	HR 1100	71	Accur only	_____	MB
4	HR 0500	87	Accur only	_____	EO
	HR 1100	102	Accur	_____	MB
5	HR 0500	136	4 units RSSI	_____	EO
	HR 1100	153	4u RSSI	_____	MB
6	HR 0500	156	4 units RSSI	_____	EO
	HR 1100	80	Accur	_____	MB
7	HR 0500	89	Accur only	_____	EO
	HR 1100	77	Accur	_____	MB
8	HR 0500	127	Accur ONLY	_____	EO
	HR 1100	92	Accur	_____	MB
9	HR 0500	109	Accur only	_____	EO
	HR 1100	105	Accur	_____	MB
10	HR 0500	119	Accur only	_____	EO
	HR 1100	247	10 units RSSI	_____	MB
11	HR 0500	155	4 units Reg. 31	_____	EO
	HR 1100	129	Accur only	_____	MB
12	HR 0500	129	Accur only	_____	EO
	HR 1100	136	4 units Reg.	_____	MB

MEDICATION ADMINISTRATION RECORD

Facility: **RN51-6657**

Month: **May, 2019**

Init.	Drug - Dose - Mode - Interval	HR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Eo	Accu ^W 's BID for DM II x 180 days	4m	Eo	Eo	Eo	ln	Eo	Eo	ln	Eo	Eo	ln	Eo	Eo	ln	Eo	Eo	ln	Eo	Eo	ln	Eo	Eo	ln	Eo	Eo	ln	Eo	Eo	ln	Eo	Eo	ln
	Prescriber ShaO, Ma																																
	Order Date 12/12/18 Start Date 12/12/18 Stop Date 6/12/19	4m	Eo	Eo	Eo	ln	Eo	Eo	ln	Eo	Eo	ln	Eo	Eo	ln	Eo	Eo	ln	Eo	Eo	ln	Eo	Eo	ln	Eo	Eo	ln	Eo	Eo	ln	Eo	Eo	ln
Eo	Moderate Sliding Scale PRN <60 (mg/dL) Initiate Hypoglycemia Protocol 60-130 (mg/dL) 0 units Regular Insulin 131-180 (mg/dL) 4 units Regular Insulin 181-240 (mg/dL) 8 units Regular Insulin 241-300 (mg/dL) 10 units Regular Insulin 301-350 (mg/dL) 12 units Regular Insulin 351-400 (mg/dL) 16 units Regular Insulin >400 (mg/dL) 28 units Regular Insulin and recheck glucose in 45 min, if >400 call MD	F																															
	Prescriber ShaO, Ma	Y																															
	Order Date 12/12/18 Start Date 12/12/18 Stop Date 6/12/19	I																															
Eo	Novolin R per SS for DM BID Sub Q	4m	Eo	Eo	Eo	ln	Eo	Eo	ln	Eo	Eo	ln	Eo	Eo	ln	Eo	Eo	ln	Eo	Eo	ln	Eo	Eo	ln	Eo	Eo	ln	Eo	Eo	ln	Eo	Eo	ln
	Prescriber ShaO, Ma																																
	Order Date 12/12/18 Start Date 12/12/18 Stop Date 6/12/19	4m	Eo	Eo	Eo	ln	Eo	Eo	ln	Eo	Eo	ln	Eo	Eo	ln	Eo	Eo	ln	Eo	Eo	ln	Eo	Eo	ln	Eo	Eo	ln	Eo	Eo	ln	Eo	Eo	ln
	Prescriber																																
	Order Date Start Date Stop Date																																
	Prescriber																																
	Order Date Start Date Stop Date																																

Diagnosis:

Allergies: **NKDA**

109031

DOB/Inmate #: **1/5/57** Location: **2D211**

Name: **Johnson, Donnie**



TENNESSEE DEPARTMENT OF CORRECTION
CHRONIC DISEASE CLINIC
TREATMENT PLAN

Johnson Donnie

Inmate Name

109031

TDOC Number

RMSI

Institution

LIST CHRONIC DISEASES

1) T2DM

2) HTN

3) ↑ Lipids

4) ∅

5) ∅

6) ∅

Either list or refer to pharmacy profile for current medications:

See MARS

SUBJECTIVE:

Asthma: # attacks in last month? ∅

short acting beta agonist canisters in last month? ∅

times awakening with asthma symptoms per week? ∅

CV/hypertension (Y/N): Chest pain? N SOB? N

HIV/HCV (Y/N): Nausea/vomiting? N Abdominal pain/swelling? N

Seizure disorder: # seizures since last visit? ∅

Diabetes mellitus: # hypoglycemic reactions since last visit? ∅

Weight loss/gain ∅ ↓ 1 lbs. 193

Palpitations? N Ankle edema? N

Diarrhea? N Rashes/lesions? N

For all diseases, since last visit, describe new symptoms:

90 Arthralgia pain in Right Middle Finger

OBJECTIVE:

Patient adherence (Y/N): with medications? Y

with diet? Y

with exercise? Y

Vital signs: Temp 97.7

BP 93/62

Pulse 66

Resp 16

Wt 197

PEFR 97

INR ∅

Labs: Hgb A1C 7.3

HIV VL ∅

CD4 ∅

Total Chol 139

LDL 105

HDL 45

Trig 146

Range of fingerstick glucose/BP monitoring: ∅

Physical Evaluation (PE): WDNW ∅, Alert, NAD 1-17-18

HEENT/neck: AT/Ne/NT	Extremities: N, a/c/r/t 4+ pulses
Heart: RRR 3/40-5 Normal S ₁ S ₂	Neurological: planned Exam for Aze
Lungs: Clear	GU/rectal: normal ∅
Abdomen: benign Exam	Other: Skin Normal + dry

Additional Comments: Allergy - 9 PCO

ASSESSMENT:

1 T2DM

2 HTN

3 ↑ Lipids

4 ∅

Degree of Control*

G	F	P	NA
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Clinical Status*

I	S	W	NA
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Degree of Control:

G-Good

F-Fair

P-Poor

NA-Not Applicable

*Clinical Status:

I-Improved

S-Same

W-Worse

NA-Not Applicable

PLAN:

Medication changes: Naproxen 500mg PO

Diagnostics: None

Labs: CBC, CMP, Lipid Panel

Monitoring: BP ∅ x day/week/month

Glucose ∅ x day/week/month

Peak flow ∅

Other: ∅

Education provided: ☒ Nutrition

☒ Exercise

☒ Smoking

☒ Test results

☒ Medication management

☒ Other: cancers

Referral (list type): None

Specialist: None

days to next visit? ☐ 90 ☐ 60 ☐ 30 ☒ Other: 180

Discharged from Chronic Clinic (specify clinic):

Additional Comments:

Charles Sidberry, MD FACP
Mid-Level/Physician Signature

4/9/19 @ 1200

Date



TENNESSEE DEPARTMENT OF CORRECTION
REPORT OF PHYSICAL EXAMINATION

INSTITUTION: BMSI

NAME Johnson, Donnie TOMIS#: 109031 DATE OF EXAM 1-16-2019
Blood Pressure (sitting): 136/18 Height: 6'2" Weight: 195 # Temp: 98.3 ° Pulse: 78 Resp: 16

CLINICAL EVALUATION			
NORMAL	(Check each item in appropriate column; enter "NE" if not evaluated.)	ABNORMAL	NOTES: Describe every abnormality in detail. Enter pertinent item number before each comment. Use progress notes for additional information.
✓	1. GENERAL: Appearance, Nails, Skin, and Identifying Marks, Tattoos, etc.		
	2. EYES: General, Ophthalmoscopic; Pupils, and Ocular Motility	✓	② Diabetic macular edema
✓	3. HEAD AND NECK		
✓	4. EARS: External and Otosopic		
✓	5. MOUTH AND THROAT		
✓	6. NOSE AND SINUSES		
✓	7. LUNG AND CHEST		
✓	8. CARDIOVASCULAR: Heart and Vascular System		
✓	9. ABDOMEN: Inspection, Auscultation and Palpation		
✓	10. RECTUM AND ANUS: Hemorrhoids, Fistulae and Prostate, if indicated.		
✓	11. G.U. SYSTEM a. Genitalia b. Hernia		
N/A	12. PELVIC		
✓	13. ENDOCRINE		
	14. MUSCULOSKELETAL SYSTEM: Spine, Upper Extremities and Lower Extremities	✓	④ S/P stroke 4/2016 (TIA) ⑤ R+ side weakness
	15. NEUROLOGICAL: Cranial Nerves, Motor Functions, Cerebella and DTR's	✓	
✓	16. PSYCHIATRIC		

Summary of Defects/Conditions and Diagnosis continued on back.

Advanced Directives

Inmate has been counseled and informed regarding Advance Directives ✓ (PH-4194 completed and placed in inmate health record)
An existing PH-4194, Advanced Care Plan, is on file and has been reviewed for updates N/A

HEALTH CLASSIFICATION BASED ON PHYSICAL EXAMINATION: C

Robin Hopp
DNP, FNP-BC

PRINTED NAME OF MEDICAL PROVIDER

Robin Hopp FNP-BC
SIGNATURE OF MEDICAL PROVIDER

Exam # 117
1/16/19
Tm

 $\Delta\omega$

INMATE NAME: Johnson Donnie TDOC NUMBER: 109031

DATE	TIME	
5/14/19	0025	<p>S: I am doing alright, I want my blood sugar checks done at 4am because I am used to this time. I also want my eye drop for my dry eyes.</p> <p>O: Pt appears ambulated to the gate unassisted. Pt appeared calm and was cooperative. No sign of pain, anxiety or distress. Normal facial expression. Cap refill > 3secs. Breathing appears regular and unlabored. Bp 146/90, T 98.5, P 78, O2 98%, R14</p> <p>A: Risk for anxiety r/t imminent execution</p> <p>P: Continue to monitor</p> <p style="text-align: right;">BENISE NWAIBE RN</p>
5/14/19	0402	<p>Chart note: Eye drops given to him per request for his immediate use, with Azun ✓ done per scheduled. He tolerated and returned to bed.</p> <p style="text-align: right;">Tobechi Mgboh, LPN RMSI</p>

Do Not Write on Back



TENNESSEE DEPARTMENT OF CORRECTION

PROBLEM ORIENTED - PROGRESS RECORD

RMSI

INSTITUTION

INMATE NAME: Johnson, DonnieTDOC NUMBER: 109031

DATE	TIME	
5/14/19	0840	S: Denies discomfort. Reports normal bowel + bladder function. Denies sleep or appetite issues. O: Alert + oriented x4, pleasant demeanor, Hearing unaided, glasses attached to shirt, moving all extremities, speech clear. Skin warm, dry + pink. Radial pulses 2+, 0 edema, Cap refill < 3 seconds. HR RRR. Respirations regular + unlabored. Lungs CTA throughout. Abd soft, bowel sounds 0 x4. Accepted meds/eye drops. A: Potential for Anxiety 2° impending execution. P: Instructed to notify medical of needs. Monitor of shift — Susan Walton RN
		Susan Walton, RN RMSI
5-14-19	1800	S: Denies pain or discomfort. O: T. 96° HR 83 R/R 18 SAO ₂ 98% B/P 142/80. Standing in cell in a distress Ambulates 5 min. Awake + alert, good eye contact, pleasant affect. MAE x4 0 edema. Skin warm, dry + pink. Lungs Clear. PO meds given as ordered. 0 other needs @ this time A: Dist for anxiety r/t execution P: Continue to monitor — Charlotte Baldwin RN

Do Not Write on Back

Charlotte Baldwin, RN
RMSI

TENNESSEE DEPARTMENT OF CORRECTION

PROBLEM ORIENTED – PROGRESS RECORD

RMSI

INSTITUTION

INMATE NAME:

Johnson, Donnie

TDOC NUMBER:

109031

DATE	TIME	
5-15-19	0020	<p>S: Denies pain or discomfort O: T. 96.5 HIR 80 RIR 18 SpO2 98% B/P 120/68. Lying in bed sleeping & Resp. even non-labored. Got up & came to cell door and vital signs were taken. Responds appropriately & denies any pain or discomfort. MAEX4 & edema. Skin is warm, dry & pink & other needs @ this time</p> <p>A: KISIL for Anxiety Mt. Impending execution P: Cont. to monitor. <i>Charlotte Baldwin</i> RN Charlotte Baldwin, RN RMSI</p>
5/15/19	0404	<p>Chart note: Accu-Check offered & he accepted. D.W. BS 180, with 4 units of Regular Insulin per scheduled sliding scale administered subQ on upper arm (Left). He tolerated and returned to bed thereafter. <i>Joseph M. Moberg</i> RN Joseph M. Moberg, RN RMSI</p>

Do Not Write on Back



TENNESSEE DEPARTMENT OF CORRECTION

PROBLEM ORIENTED - PROGRESS RECORD

RMSI

INSTITUTION

INMATE NAME: Johnson, Donnic TDOC NUMBER: 109031

DATE	TIME	
5/15/19	0852	<p>S: Denies discomfort. Reports he slept well last pm and ate breakfast this Am. In response to question about redness right upper eyelid, patient stated "I get styes now and then". Reports using eye drops today.</p> <p>O: T 96.5 P 72 R 16 BP 138/78 O2 98%</p> <p>Sitting on side of bed, alert & oriented x4. Smiling, no sign of anxiety. Dentures noted on sink and eyeglasses beside pt. Accepted meds except for refusal of nasal crom spray. Skin warm & dry, color normal. Resp even & unlabored, lungs clear throughout, radial pulses 2+, HR reg 51-52, 0 edema, moving all extremities well. Cap refill 2-3 seconds. Rt upper eyelid reddened & slightly swollen. No drainage noted. Abd soft. Bowel sounds (+) throughout.</p> <p>A: Potential for infection & redness (R) eye.</p> <p>P: Consulted to NP regarding possible stye. Ointment Rx'd. Instructed pt that Medical is available 24/7.</p> <p>Verbalized understanding. - Duane Walton</p>
5/15/19	1100	<p>see above nursing note. a stye on (R) eye lid without pain, no drainage. gentamicin ointment, OPHTH ordered for symptom management. Shao Ma</p>

Shao Ma, FNP-BC
RMSI

Do Not Write on Back



TENNESSEE DEPARTMENT OF CORRECTION
PROBLEM ORIENTED - PROGRESS RECORD
RMSI
INSTITUTION

INMATE NAME:

Johnson Donnie

TDOC NUMBER:

109031

DATE	TIME	
5-15-19	1820	S: Denies discomfort. Reports eating well et normal bowel et bladder elimination O: T. 91.2 HR 75 RR 16 SpO2 99% B/P 130/78. Ambulating in cell 5 diff. MAE x4 & edema. Small red styte noted to Rt. upper eyelid. States much better since receiving ophth. ointment earlier today & drainage noted. Lungs are clear bil. abd soft non-tender & active BS. Skin is warm, dry et pink. PO meds given as ordered, & other needs @ this time A: Potential for infection Rt eye styte P: Instructed that medical was available 24/7 et any needs or concerns to let us know. Verbalized understanding. Will cont. to assess each shift. Charlotte Baldwin RN RMSI
5-16-19	0025	S: Denies pain or discomfort. O: T. 96.4 HR 74 RR 18 B/P 132/78 SpO2 99%. Lying in bed sleeps & Resp even non-labored. Responds to verbal

Do Not Write on Back

Charlotte Baldwin RN



Johnson, Donnie

10 9030

RDA 1100



TENNESSEE DEPARTMENT OF CORRECTION
GATE / OUTSIDE WORK PASS

Riverbend Maximum Security Institution
INSTITUTION

GATE PASS FOR INMATES XXX OUTSIDE WORK PASS FOR INMATES _____
EFFECTIVE DATE(S) 16 MAY 2019 ONLY XXXXXXX
FROM *** TO ****
Pass the following named inmate(s) through gate: _____ Gates 3/ 4 _____ in the custody of: _____

<u>INMATE NAME</u>	<u>TDOC NUMBER</u>	<u>CUSTODY DESIGNATION</u>	<u>HOUSING UNIT</u>
<u>JOHNSON, DONNIE</u>	<u>109031</u>	<u>MAX/DR</u>	<u>DTW-01</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

USE AND ATTACH ADDITIONAL FORM IF NEEDED

Job Assignment: XXXXXXXX
Hours of Work Assignment _____ a.m. / p.m. _____ a.m. / p.m.
Job Assignment: _____ Permanent _____ Temporary
Destination: OFFICE OF THE MEDICAL EXAMINER CENTER FOR FORENSIC MEDICINE
Purpose: CORONER

[Signature]
Signature of Requesting / Escorting Staff or
Work Supervisor (if different)

5/16/2019
Date

Robert M. [Signature]
Signature of Deputy Warden / Designee

5/16/2019
Date



TENNESSEE DEPARTMENT OF CORRECTION
GATE / OUTSIDE WORK PASS

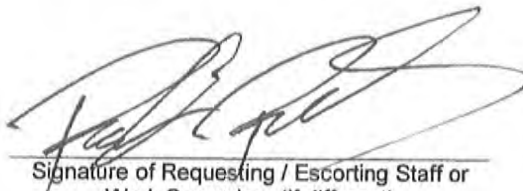
Riverbend Maximum Security Institution
INSTITUTION

GATE PASS FOR INMATES XXX OUTSIDE WORK PASS FOR INMATES _____
EFFECTIVE DATE(S) 16 MAY 2019 ONLY XXXXXXX
FROM *** TO ****
Pass the following named inmate(s) through gate: _____ Gates 3/ 4 _____ in the custody of: _____


<u>INMATE NAME</u>	<u>TDOC NUMBER</u>	<u>CUSTODY DESIGNATION</u>	<u>HOUSING UNIT</u>
<u>JOHNSON, DONNIE</u>	<u>109031</u>	<u>MAX/DR</u>	<u>DTW-01</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

USE AND ATTACH ADDITIONAL FORM IF NEEDED

Job Assignment: XXXXXXXX
Hours of Work Assignment _____ a.m. / p.m. _____ a.m. / p.m.
Job Assignment: _____ Permanent _____ Temporary
Destination: OFFICE OF THE MEDICAL EXAMINER CENTER FOR FORENSIC MEDICINE
Purpose: CORONER


Signature of Requesting / Escorting Staff or
Work Supervisor (if different)

5/16/2019
Date


Signature of Deputy Warden Designee

5/16/2019
Date



TENNESSEE DEPARTMENT OF CORRECTION
PROBLEM ORIENTED - PROGRESS RECORD
RMSI
INSTITUTION

INMATE NAME: Johnson, Donnie

TDOC NUMBER: 109031

DATE	TIME	
5-16-19	1520	S: "I am too scared to be stressed, will you all pray with me before you leave!"
	RMSI	O: Sp 122/70, O ₂ 98%, P 81, 92.6°F, 16/min
		& pain. A + O x 4. Lnp sounds CTA,
		Apsical pulse, regular cool and dry. Full
		ROM on all extremities with steady gait
		Pt ambulated to the gate unassisted.
		Pt was given his pm meds, well tolerated.
		Blood sugar was checked, 196g/dl, Pt refused
		8 units Regular insulin per sliding scale,
		Pt requested to be given 4 units regular
		insulin. Pt was so cheerful, cooperative,
		well groomed, no sign of stress or
		anxiety. Pt had no complaint or concern
		at this time. Pt prayed with the nurses
		after his assessment
		A: Risk for anxiety it impending execution
		P! Continue observation
		Benise Nwalbe, RN RMSI
		Benise Nwalbe, RN RMSI
5/16/19	1940	Chart Note: Execution carried out,
		inmate was put to death by lethal
		injection, inmate was pronounced
		death @ about 1937
		Benise Nwalbe, RN
		Benise Nwalbe, RN RMSI

Do Not Write on Back



TENNESSEE DEPARTMENT OF CORRECTION

PROBLEM ORIENTED - PROGRESS RECORD

RMSI

INSTITUTION

INMATE NAME: Johnson, DonnieTDOC NUMBER: 109031

DATE	TIME	
5/16/19	0845	S: Denies discomfort. States right eye "feels" better. Reports that he is eating and sleeping as usual. O: T 96.7 P 73 R 15 O 298% BP 130/64 A+Ox4. Skin warm + dry and normal color. Accepted meds except nasal spray. Pleasant demeanor noted. Respirations even + unlabored. Lungs clear throughout. Radial pulses 2+ + regular. No edema. Cap refill <3sec. RRR. Abd soft, Bowel sounds (+). Right upper eyelid deep pink. No drainage noted. A: Potential for anxiety of impending execution P: Continue to monitor q shift. Instructed to summon Medical per. Voiced under standing. — Dora Walton RN Susan Walton RN 5/16/19 1035 Don and HSA arrived at death watch RMSI to complete well check on patient MR. Johnson stated, "He was to pleased to be stressed and appreciated the staff at the facility." The patient did not voice any concerns or needs at this time. Educated to contact medical staff with any needs or concerns. Melissa Adams RN HSA

Do Not Write on Back

Melissa Adams, RN-H.S.A.
RMSI



TENNESSEE DEPARTMENT OF CORRECTION
DIABETIC RECORD (by Glucose Monitoring Device)

RMSI
INSTITUTION

May, 2019

Patient: Johnson, Donnie Number: 109031
Physician: Dr. Sidberry Location: 2D211
Current Weight: _____ Height: _____ Age: _____ Diet: _____
Current Medication Order: See Mar

DATE	TIME	BLOOD GLUCOSE READING	MEDICATION GIVEN	REMARKS	NURSE INITIALS
1	HR 0500	125	Accur only		EO
	HR 1100	106	Accur only		MB
2	HR 0500	115	Accur only		EO
	HR 1100	114	Accur		MB
3	HR 0500	137	Accur only	4 units RSSI	EO
	HR 1100	71	Accur only		MB
4	HR 0500	87	Accur only		EO
	HR 1100	102	Accur		MB
5	HR 0500	136	4 units RSSI		EO
	HR 1100	153	4u RSSI		MB
6	HR 0500	156	4 units RSSI		EO
	HR 1100	80	Accur		MB
7	HR 0500	89	Accur only		EO
	HR 1100	77	Accur		MB
8	HR 0500	127	ACCUR ONLY		EO
	HR 1100	92	Accur		MB
9	HR 0500	109	Accur only		EO
	HR 1100	105	Accur		MB
10	HR 0500	119	Accur only		EO
	HR 1100	247	10 units RSSI		MB
11	HR 0500	155	4 units Reg. Ins		EO
	HR 1600	129	Accur only		MB
12	HR 0500	129	Accur only		EO
	HR 1100	136	4 units Reg. Ins		MB

DIABETIC RECORD (by Glucose Monitoring Device)

Patient:

Johnson, Donnie

Number:

109031

DATE	TIME	BLOOD GLUCOSE READING	MEDICATION GIVEN	REMARKS	NURSE INITIALS
13	HR 0500	96	Accu/only	_____	EO
	HR 1600	85	Accu/only	_____	MB
14	HR 0400	133	Accu/ Rapid 4 units Reg SS1	_____	LM
	HR 1800	129	Accu/ only	_____	CB
15	HR 0400	180	4 units Reg SS1	_____	LM
	HR 1800	169	4 units Reg SS1	_____	CB
16	HR 0400	106	Accu only	_____	LM
	HR 1800	194	4 units reg.	_____	AD
17	HR				
	HR				
18	HR				
	HR				
19	HR				
	HR				
20	HR				
	HR				
21	HR				
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22	HR				
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27	HR				
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28	HR				
	HR				
29	HR				
	HR				
30	HR				
	HR				
21	HR				

MEDICATION ADMINISTRATION RECORD

Facility: RMSI - 6657

Month: May 2019

Init.	Drug - Dose - Mode - Interval	HR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
<input checked="" type="checkbox"/>	SIMVASTATIN 20MG TAB TAKE ONE TABLET(S) BY MOUTH EVERY DAY-HYPERLIPIDEMIA, UNSPECIFIED DAYS: 180 Prescriber MA, SHAO Rx#1994819 Order Date 12/12/2018 Start Date 12/12/2018 Stop Date 6/10/2019	8																														
<input checked="" type="checkbox"/>	CETIRIZINE HCL 10MG TAB TAKE TWO TABLET(S) BY MOUTH EVERY NIGHT AT BEDTIME FOR 180 DAYS AS NEEDED-ALLERGY, UNSPECIFIED DAYS: 180 Prescriber MA, SHAO Rx#1994791 Order Date 12/12/2018 Start Date 12/12/2018 Stop Date 6/10/2019	8																														
<input checked="" type="checkbox"/>	NASALCROM (200 MS) 5.2/ACT SPR USE 2 SPRAYS EACH NOSTRIL TWICE DAILY FOR 180 DAYS-ALLERGIC RHINITIS DAYS: 180 Prescriber MA, SHAO Rx#1994794 Order Date 12/12/2018 Start Date 12/12/2018 Stop Date 6/10/2019	8																														
<input checked="" type="checkbox"/>	BRIMONIDINE TARTRATE 0.2% OP EYE INSTILL 1 DROP IN LEFT EYE TWICE DAILY FOR 180 DAYS-EYE ANOMALIES NEC DAYS: 180 Prescriber MA, SHAO Rx#2032752 Order Date 1/30/2019 Start Date 1/30/2019 Stop Date 7/29/2019	8																														
<input checked="" type="checkbox"/>	TIMOLOL MALEATE 10ML 0.5% OP EYE INSTILL 1 DROP IN LEFT EYE TWICE DAILY X 180 DAYS-EYE ANOMALIES NEC DAYS: 180 Prescriber HOPP, ROBIN Rx#2069146 Order Date 3/11/2019 Start Date 3/11/2019 Stop Date 9/7/2019	8																														
<input checked="" type="checkbox"/>	NAPROXEN 500MG TAB TAKE ONE TABLET(S) BY MOUTH TWICE DAILY X30DAYS-PAIN NEC DAYS: 30 Prescriber SIDBERRY, CHARLES Rx#2096852 Order Date 4/9/2019 Start Date 4/9/2019 Stop Date 5/9/2019	8																														

Diagnosis:

PENICILLINS

Allergies:

00109031

DOB/Inmate #: 01/15/1951

Location: 2D211

NAME ALERT

Name: JOHNSON, DONNIE EDWARD

MEDICATION ADMINISTRATION RECORD

Facility: RMSI - 6657

Month: May 2019

Init.	Drug - Dose - Mode - Interval	HR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
✓	METFORMIN 1000MG TAB TAKE 1 TAB BY MOUTH TWICE DAILY FOR 180 DAYS >> TAKE WITH FOOD <<-DIABETES MELLITUS DAYS: 180 Prescriber MA, SHAO Rx#1994825 Order Date 12/12/2018 Start Date 12/12/2018 Stop Date 6/10/2019	8																															
✓	GLIPIZIDE 10MG TAB TAKE ONE TABLET(S) BY MOUTH TWICE DAILY FOR 180 DAYS-DIABETES MELLITUS DAYS: 180 Prescriber MA, SHAO Rx#1994799 Order Date 12/12/2018 Start Date 12/12/2018 Stop Date 6/10/2019	8																															
✓	VITAMIN B-6 50MG TAB TAKE ONE TABLET(S) BY MOUTH EVERY DAY FOR 180 DAYS-VITAMIN B6 DEFICIENCY DAYS: 180 Prescriber MA, SHAO Rx#1994815 Order Date 12/12/2018 Start Date 12/12/2018 Stop Date 6/10/2019	8																															
✓	HUMULIN R INS 10ML VIAL 100/ML INJ ACCUCHECK TWICE DAILY WITH SLIDING SCALE COVERAGE FOR 180 DAYS INJECT SUBCUTANEOUSLY-DIABETES MELLITUS DAYS: 180 Prescriber MA, SHAO Rx#1994800 Order Date 12/12/2018 Start Date 12/12/2018 Stop Date 6/10/2019																																
✓	HYDROCHLOROTHIAZIDE 50MG TAB TAKE ONE TABLET(S) BY MOUTH EVERY MORNING FOR 180 DAYS-HYPERTENSION NOS DAYS: 180 Prescriber MA, SHAO Rx#1994804 Order Date 12/12/2018 Start Date 12/12/2018 Stop Date 6/10/2019	8																															
✓	LISINOPRIL 20MG TAB TAKE ONE TABLET(S) BY MOUTH EVERY DAY FOR 180 DAYS-HYPERTENSION NOS DAYS: 180 Prescriber MA, SHAO Rx#1994811 Order Date 12/12/2018 Start Date 12/12/2018 Stop Date 6/10/2019	8																															

Diagnosis:
PENICILLINS

Allergies:

00109031

DOB/Inmate #: 01/15/1951

Location: 2D211

NAME-ALERT

Name: JOHNSON, DONNIE EDWARD

[illegible]

MEDICATION ADMINISTRATION RECORD

Facility: **RMSI - 6657**

Month: **May, 2019**

Init.	Drug - Dose - Mode - Interval	HR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Eo	Accu-^W's BID for DM II X 180 days																																
Prescriber	Shad, Ma																																
Order Date	12/12/18	Start Date	12/12/18	Stop Date	6/12/19																												
Eo	Moderate Sliding Scale PRN <60 (mg/dL) Initiate Hypoglycemia Protocol 60-130 (mg/dL) 0 units Regular Insulin 131-180 (mg/dL) 4 units Regular Insulin 181-240 (mg/dL) 8 units Regular Insulin 241-300 (mg/dL) 10 units Regular Insulin 301-350 (mg/dL) 12 units Regular Insulin 351-400 (mg/dL) 16 units Regular Insulin >400 (mg/dL) 28 units Regular Insulin and recheck glucose in 45 min, if >400 call MD																																
Prescriber	Shad, Ma																																
Order Date	12/12/18	Start Date	12/12/18	Stop Date	6/12/19																												
Eo	Novolin R per SS for DM BID Sub Q																																
Prescriber	Shad, Ma																																
Order Date	12/12/18	Start Date	12/12/18	Stop Date	6/12/19																												
Prescriber																																	
Order Date		Start Date		Stop Date																													
Prescriber																																	
Order Date		Start Date		Stop Date																													

Diagnosis: Allergies: NKDA	109031	DOB/Inmate #: 1/5/57	Location: 2D211	Name: Johnson, Donnie
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MEDICATION ADMINISTRATION RECORD

Facility: RMSE

Month: May 2019

Init.	Drug - Dose - Mode - Interval	HR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
<input checked="" type="checkbox"/>	Gentamicin OPHTH ointment Topical apply to affected area TID X 07 days for stye	1L																															
Prescriber	ma	O																															
Order Date	5/15/19	P																															
Start Date	5/15/19																																
Stop Date	5/22/19																																
Prescriber																																	
Order Date																																	
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Prescriber																																	
Order Date																																	
Start Date																																	
Stop Date																																	

Diagnosis: <div style="font-size: 2em; margin-top: 10px;">PCN</div>	11/15/51 109031 DOB/Inmate #:	Location:	Name: Johnson, Donnie
Allergies:			

MEDICATION ADMINISTRATION RECORD

Facility: RMSI - 6657

Month: May 2019

Init.	Drug - Dose - Mode - Interval	HR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
✓	CLOPIDOGREL 75MG TAB TAKE ONE TABLET(S) BY MOUTH EVERY DAY X 180 DAYS-CVA	8																															
	Prescriber MA, SHAO Rx#1995450 Order Date 12/12/2018 Start Date 12/12/2018 Stop Date 6/10/2019																																
	DAYS: 180 4/30 4/2/19																																
	QUANTITY 30 DATE 5/17/19 NURSE SIG INMATE SIG																																
✓	REFRESH EYE DROP (PRES. FREE) 0.5 OZ EYE INSTILL 1 DROP INTO BOTH EYES FOUR TIMES A DAY-EYE DISORDER NOS																																
	Prescriber SIDBERRY, CHARLES Rx#2086872 Order Date 3/28/2019 Start Date 3/28/2019 Stop Date 9/24/2019																																
	DAYS: 180 4/1 4/23/19																																
✓	METOPROLOL TARTRATE 25MG TAB TAKE ONE-HALF (1/2) TABLET(S) BY MOUTH DAILY FOR 180 DAYS-HYPERTENSION NOS	8																															
	Prescriber MA, SHAO Rx#1994824 Order Date 12/12/2018 Start Date 12/12/2018 Stop Date 6/10/2019																																
	DAYS: 180 4/30 4/2/19																																
	QUANTITY 30 DATE 5/17/19 NURSE SIG INMATE SIG																																
✓	maxitrol ophth sol. 7gtt OS TID X 10 days for infection																																
	Prescriber Sidberry Order Date 4/23/19 Start Date 4/23/19 Stop Date 5/2/19																																
	DAYS: 10																																
✓	BP 1 q month X 6 months																																
	Prescriber Sidberry Order Date 4/9/19 Start Date 4/23/19 Stop Date 10/23/19																																
	DAYS: 6																																
✓	Keflex 500mg 2 cps PO BID for infection X 10 days																																
	Prescriber Sidberry Order Date 4/26/19 Start Date 4/26/19 Stop Date 5/7/19																																
	DAYS: 10																																

Diagnosis:
PENICILLINS

Allergies:

00109031

DOB/Inmate #: 01/15/1951

Location: 2D211

NAME ALERT

Name: JOHNSON, DONNIE EDWARD

[illegible]